

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	1					
10	1					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	4					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	36					
TOTAL CLAIMS	41					

*	IND	DEP	*	IND	DEP	*	IND	DEP
51								
52								
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54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								